CONSIGNMENT INVOICE

Store Name: _____

Date: _____

Invoice #: _____

CONSIGNOR NAME

CONSIGNOR ID

PHONE / EMAIL

CONSIGNMENT PERIOD

PAYOUT SPLIT %

STATUS

SKU/ITEM #	ITEM DESCRIPTION (BRAND, COLOR, SIZE)	QTY	LIST PRICE	SOLD PRICE

Gross Sales: $ _____
Store Commission: $ _____
Fees/Deductions: $ _____

Consignor Payout: $ _____

Terms: Payment will be issued according to the agreed consignment schedule. Unsold items must be reclaimed by the end of the consignment period or they become store property.

Consignor Signature: _____ Date: _____